## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
22429	7590 02/26				Cert	ificate of	f Mailing or Transı	nission
LOWE HAUP 1700 DIAGONA SUITE 300	Address	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ALEXANDRIA,	<del>VA 22314</del>							(Depositor's name)
								(Signature)
	44.±			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/621,331	07/18/2003	- <u> </u>	Chang-Ming Y				3073/69	2525
TITLE OF INVENTION	: STERILIZED SAFET	Y SYRINGE						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300		\$0		\$1020	05/27/2008
EXAMINER		ART UNIT	CLASS-SUBCLAS					
KOHARSKI, CHRISTOPHER		3763	604-199000					
CFR 1.363).  Change of corresp Address form PTO/SE  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)							
recordation as set fort	h in 37 CFR 3.11. Com GNEE	pletion of this form is NO	T a substitute for fili (B) RESIDENCE:	ng an (CITY	assignment.	OUNTR	Y)	ocument has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fec(s) are submitted:  4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or coverpayment, to Deposit Account Number (enclose an extra copy of the patent).							shown above)  ent  ficiency, or credit any	
	s SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is	no lon	ger claiming SMAl	LL ENTI	TY status. See 37 C	FR 1.27(g)(2).
interest as shown by the	records of the United St	ates Patent and Trademarl	od trom anyone other c Office.	than t	ne applicant; a regi	stered att	torney or agent; or the	ne assignee or other party in
Authorized Signature	BANGEI	<u> </u>			Date0	5/26	/2008	
Typed or printed nam	BANGEI	R SHIA			Registration N	lo	57,568	
an application. Confiden	itiality is governed by 3°	5 U.S.C. 122 and 37 CFR	1.14 This collection	n is es	timated to take 12 i	minutes to	o complete, includii	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.